

Name		Personal identity code
Address		Telephone number
Controller <b>Wellbeing services county of Southwest Finland,</b> P.O. Box 52, FI-20521 Turku, VAT ID FI32210651		
<b>I am requesting information about</b>  <input type="checkbox"/> Whether samples and information concerning me are stored in Auria Biobank  <input type="checkbox"/> The grounds for storing my samples and information  <input type="checkbox"/> The source of the information concerning me  <input type="checkbox"/> Where the samples taken from me and the related information have been assigned or transferred to  <input type="checkbox"/> Information in biobank research as determined based on my sample, and an account of the significance of the information  <input type="checkbox"/> Other personal information concerning me		
Date	Signature	

**If you have changed your personal identity code, and you want information on your previous identity code, fill in both codes in the form.**

**Previous personal identity code:** \_\_\_\_\_

**Send the signed form to the address: Auria Biobank, P.O. Box 52, FI-20521 Turku**

<b>TO BE FILLED IN BY AURIA BIOBANK</b>		<b>Date received:</b>
Date delivered	Signature and printed name of person delivering the information	
Delivery markings	Number of copies	